

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME Gabriel A. Peñagaricano		2. PHONE NUMBER (305)439-9194		3. DATE 9/30/21	
4. FIRM NAME					
5. MAILING ADDRESS gpenagaricano@me.com		6. CITY San Juan		7. STATE PR	8. ZIP CODE 00936
9. CASE NUMBER 12-2039		10. JUDGE Gustavo A. Gelpí		DATES OF PROCEEDINGS	
				11. 9/9/2021	12.
13. CASE NAME USA v. Commonwealth of PR		LOCATION OF PROCEEDINGS			
		14. San Juan		15. STATE PR	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Complete Hearing	
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	
30 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE s/Gabriel A. Peñagaricano					
20. DATE 9/30/21					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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ORDER RECEIPT

ORDER COPY